

Show this to every doctor at each visit

- List all medicines you are taking.
- Never take any medicine prescribed for someone else.
- Present this card when you are seen in the emergency room.
- Cross off medicine you no longer take.
- Keep this card with you at all times



Vaccination Record

Vaccinations	Mo./Yr	Mo./Yr	Mo./Yr	Mo./Yr
Tetanus				
Pneumococcal				
Influenza				
Other				

Name: _____

Primary Care
Provider: _____

Phone: _____

Pharmacy: _____

Phone: _____

Allergies: _____

Optional:
I have an advanced directive filed at

FortHealthCare.com
(920) 568-5000

611 Sherman Ave. East
Fort Atkinson, WI 53538

**MEDICATION
CARD**
for your wallet



#SI03-DEC15



